

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213518383</b>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>NATIONAL RURAL TELECOMMUNICATIONS COOPERATIVE</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>NATIONAL REGISTERED AGENTS INC</b>  <b>4701 COX ROAD</b>  <b>SUITE 301</b>   <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>DC</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>F1173683</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED				
CLASS	AUTHORIZED							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2121 COOPERATIVE WAY STE 500</p> <p style="margin-left: 40px;">CITY/ST/ZIP: HERNDON, VA 20171-4543</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JACK HARVEY  TITLE: PRESIDENT  ADDRESS: 2121 COOPERATIVE WAY  SUITE 500  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JACK HARVEY TITLE: PRESIDENT ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR
NAME: JACK HARVEY TITLE: PRESIDENT ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TIM BRYAN  TITLE: CEO  ADDRESS: 2121 COOPERATIVE WAY  SUITE 500  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: TIM BRYAN TITLE: CEO ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR
NAME: TIM BRYAN TITLE: CEO ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			
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NAME: ROBERT FUHRER TITLE: ASST S/TRE ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: TERRY GILMORE  TITLE: ASST S/TRE  ADDRESS: 2121 COOPERATIVE WAY  STE 500  CITY/ST/ZIP/CO: HERNDON, VA 20171-5346 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: TERRY GILMORE TITLE: ASST S/TRE ADDRESS: 2121 COOPERATIVE WAY STE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171-5346	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR
NAME: TERRY GILMORE TITLE: ASST S/TRE ADDRESS: 2121 COOPERATIVE WAY STE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171-5346	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ELIZABETH GRIFFIN  TITLE: ASST S/TRE  ADDRESS: 2121 COOPERATIVE WAY  SUITE 500  CITY/ST/ZIP/CO: HERNDON, VA 20171 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 5%; text-align: center; vertical-align: top;"></td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ELIZABETH GRIFFIN TITLE: ASST S/TRE ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR
NAME: ELIZABETH GRIFFIN TITLE: ASST S/TRE ADDRESS: 2121 COOPERATIVE WAY SUITE 500 CITY/ST/ZIP/CO: HERNDON, VA 20171	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>		DIRECTOR			

NAME:	TREVOR R BONNSTETTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY STE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	SHANNON CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	GENE DORREL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	GLENN ENGLISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	BOB HANCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	BILL HEGMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	RANDY HOUDEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 50		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	WILLIAM (BILL) JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	JAMES (JIM) E MANGUM, JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		
NAME:	BOB MARSHALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2121 COOPERATIVE WAY SUITE 500		
CITY/ST/ZIP/CO:	HERNDON, VA 20171		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOB MATHENY DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM MERGEN DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHELDON C PETERSEN DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J PIERCE DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUIS A REYES DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF WILSON DIRECTOR 2121 COOPERATIVE WAY SUITE 500 HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ TERRY GILMORE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TERRY GILMORE, ASST S/TRE PRINTED NAME AND CORPORATE TITLE	4/18/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			